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04772 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: A-71364/TAL/DHR

Attorney File No.: 465840-

Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

"EXPRESS MAIL" MAILING LABEL

NUMBER EV 298965696 US

DATE OF DEPOSIT October 24, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 CFR 1.10 on the date indicated above and is addressed to: Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

TYPED NAME Todd A. Lorenz

SIGNED

Sir:

Transmitted herewith for filing is the patent application of inventor(s):

Suhasini IYER; Roland BUELOW; Mirella LAZAROV; and Timothy FONG

For:

CYTOMODULATING PEPTIDES AND METHODS FOR TREATING NEUROLOGICAL DISORDERS

Enclosed are also:

- ☒ 46 sheets of Specification, Abstract and Claims
☒ 7 sheets of drawings. Formal __, Informal ☒
___ Combined Declaration and Power of Attorney for Patent Application
___ Declaration for Patent Application
___ An Assignment of the invention to: _____
___ Power of Attorney by Assignee
___ Information Disclosure Statement, PTO 1449 & __ references
___ Applicant claims small entity status. See 37 CFR 1.27.
___ Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i)
☒ This application claims priority to U.S. Provisional Patent Application Serial No. 60/421,297, filed October 24, 2002; U.S. Provisional Patent Application Serial No. 60/431,420, filed December 5, 2002; and also to U.S. Provisional Patent Application Serial No. 60/470,839, filed May 15, 2003.

	(Col. 1) NO. FILED	(Col. 2) NO. EXTRA	SMALL ENTITY RATE	FEE	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE				\$ 385		\$ 770
TOTAL CLAIMS	___ - 20 =	___	x 9 =	\$	x 18 =	\$
INDEP CLAIMS	___ - 3 =	___	x 43 =	\$	x 86 =	\$
MULTIPLE DEPENDENT CLAIM PRESENTED []			+145 =	\$	+290 =	\$
If the difference in Col 1 is less than zero, enter "0" in Col. 2			TOTAL	\$	TOTAL	\$

Our check in the amount of \$ _____ to cover the filing fee is enclosed.

☒ NO check is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 50-2319 (our Order No. A-71364/TAL - 465840-).

Date:

10/24/03

Todd A. Lorenz, Reg. No. 39,754

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